

Coláiste Pobail Bhaile Lotrail Luttrellstown Community College

Príomhoide: Fionnuala Ní Chaisil M.Ed. (S. L.) B.A. H.Dip. in Ed.



Bóthar Bhaile an Phóirtéaraigh, Cluain Saileach, Baile Átha Cliath 15.
Porterstown Road, Clonsilla, Dublin 15.



fón phone: 01 8228060

rphost email: info.luttrellstowncc@ddletb.ie

www.luttrellstowncc.ie



APPLICATION FORM FOR ADMISSION to Luttrellstown CC - 2021/2022

This is an application form for admission and does not constitute an offer of a place, implied or otherwise. Use of the word 'student' throughout this Application Form does not imply that the person on whose behalf this application is being made is regarded as a having been accepted as a student of Luttrellstown Community College.

Completed applications will be accepted from:	October 2nd 2020
The closing date for receipt of applications is:	October 23rd 2020

All Application Forms and accompanying documentation should be sent to:	FOR OFFICE USE ONLY	
	Date Received: _____	School Stamp:
Return by email to lindakeenan@ddletb.ie Admissions Administrator Luttrellstown Community College Porterstown Road Clonsilla Dublin 15		

Please ensure you return the following documents to the school to complete the application:

Recent proof of address (only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.

Please complete all sections of this form using **BLOCK CAPITALS**

SECTION 1 - PROSPECTIVE STUDENT DETAILS

Details of the young person for whom this application is being made:

First Name:											
Middle Name:											
Surname:											
Address:											
Eircode:											
PPSN:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										

Please tick the Year Group the student is applying to enter:

<input type="checkbox"/> First Year <input type="checkbox"/> Second Year	<input type="checkbox"/> Third Year <input type="checkbox"/> Transition Year	<input type="checkbox"/> Fifth Year <input type="checkbox"/> Sixth Year
<input type="checkbox"/> LCC only	<input type="checkbox"/> College & Laochra (ASD Unit)	<input type="checkbox"/> Coláiste na Tulchann only Aonad Lán-Ghaeilge

SECTION 2 - DETAILS OF PARENT/GUARDIAN/NEXT OF KIN

This section is **NOT** required to be completed where the student is over 18, unless s/he wishes the school to communicate with his/her parent/guardian about this application instead of directly with the student. The information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.

	Parent/ Guardian /Next of Kin 1	Parent/ Guardian /Next of Kin 2
Prefix: (e.g. Mr. / Mrs. / Ms. etc)		
First Name:		
Surname:		
Address:		
Eircode:		
Telephone number:		
Email address:		
Relationship to Student:		

SECTION 3 - STUDENT CODE OF BEHAVIOUR

Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if s/he secures a place in the school. Please note that the Code of Behaviour can be found at www.luttrellstowncc.ie or from the school office

I _____ confirm that the Code of Behaviour for the school is acceptable to me as the student's parent/guardian and I shall make all reasonable efforts to ensure compliance by the student if s/he secures a place in the school.

SECTION 4 - LAOCHRA LCC SPECIAL CLASS

The special class in Luttrellstown CC teaches students who have one or more of the following special educational needs:

Autism Spectrum Disorder

Please **ONLY** complete if you are applying for the special class

Please confirm if this application is being made for:

Laochra the special class *and* the mainstream year group:

Where the student is seeking a place in the special class, please provide details of the special educational needs of the student, including an Educational/Clinical Psychologist's report:

Outline your child's interests:

SECTION 5 - Coláiste na Tulchann: LCC AONAD / (IRISH MEDIUM Education)

An t-Aonad Lán-Ghaeilge is where some or all subjects are delivered through the medium of Irish.

Please **ONLY** complete if you are applying for Coláiste na Tulchann LCC's Aonad Lán-Ghaeilge

Please confirm if this application is being made for:

1. An t-Aonad Lán-Ghaeilge only:

2. An t-Aonad Lán-Ghaeilge *or* the English Medium Stream:

SECTION 6 - SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the student meets the admission requirements in accordance with the order of priority as set out in the applicable section of Part B of the Admission Policy for Luttrellstown Community College.

A. If the student currently has any siblings in this school, please indicate their names and current year of study.

(i) Name:		Year:	
(ii) Name:		Year:	
(iii) Name:		Year:	

B. Please confirm the student's address for the purpose of determining whether s/he resides in the catchment area. Please note that recent proof of address will be required in support of this. (Only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted.)

Address:	

C. Please provide details of the primary school attended by the student

School Name:	
School Address:	

D. Where the student is seeking a place in the Aonad Lán-Ghaeilge, please provide information below as an indication of the student's level of fluency as a normal means of communication. Please indicate all that apply:

Is Irish regularly spoken at home?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is s/he resident in a Gaeltacht area?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Any other factor that you feel may be relevant to demonstrate fluency and how same would regress if the student were not admitted to the school:

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IMPORTANT INFORMATION:

- You are required to submit recent proof of address - only registered utility bills or bank statements dated within the last three months and in the name of the parent(s)/guardian(s) will be accepted
- All of the information that you provide in this application form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid.
- Please return by email to lindakeenan@ddletb.ie
- Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.
- For information regarding how your data is processed by the school and DDLETB, please see overleaf.
- Please sign below to demonstrate that you have read and understood this information.

NOTE: Should the student receive a place in Luttrellstown Community College, there is no guarantee that the student will be assigned his/her selected subject choice due to resource issues and/or restrictions on the numbers of students per class.

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

(Student [where over 18])

(Date)

OFFICE USE ONLY

Date Application Received:		Checked by:	
Date entered on School Database:		Entered by:	

DATA PROTECTION

The Board of Management of Luttrellstown Community College is a committee of DDLETB, 1 Tuansgate, Belgard Square East, Tallaght, Dublin 24 which is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018. The Data Protection Officer for DDLETB can be contacted at dataprotection@ddletb.ie.

The personal data supplied on this Application Form and the accompanying documentation sought is required for the purpose of:

- **Verification of identity and date of birth;**
- **Verification and assessment of admission criteria;**
- **Allocation of teachers and resources to the school; and**
- **School administration,**

all of which are tasks carried out pursuant to various statutory duties to which DDLETB is subject.

Failure to provide the requested information may result in the application being deemed invalid and an offer of a place may not be made.

The personal data disclosed in this Application Form may be communicated internally within DDLETB for the purpose of determining the applicability of the selection criteria and possibly with the patron or board of management of other schools in order to facilitate the efficient admission of students, pursuant to section 66(6) of the Education Act 1998 as inserted by section 9 of the (Admissions to Schools) Act 2018.

The personal data provided in this Application Form will be kept for 7 years from the date on which the student turns 18 years of age, unless there is a statutory requirement to retain some or all elements of the data for a further period or indefinitely, in line with DDLETB's Data Retention Policy, which can be found at www.ddletb.ie.

A copy of the full DDLETB Data Protection Policy is available on www.luttrellstowncc.ie or from the school office.

Any person who provides personal data through this Application Form has a right to request access to that data. S/he also has a right to request the changing of any information if it is factually incorrect. A request for erasure of the data can also be made by or on behalf of the data subject but this will only be acceded to where the data is no longer necessary for the purpose for which it was collected and where DDLETB does not have a legal basis for retaining it.

If you as a data subject have any complaints regarding the processing of your personal data, you have the right to lodge a complaint with the Data Protection Commission.